LOW INCOME TAX CREDIT STUDENT STATUS VERIFICATION

Property Name:	LITC #:		
Iousehold Name: Unit #:			
Check A, B, or C, as applicable (note that students include schools, middle or junior high schools, senior high school mechanical schools, but does not include those attending	ls, colleges universities, technical,		ry
A Household contains at least one occupant who will not be a student for five or more months d year (months need not be consecutive). If this i needed.	uring the current and/or upcoming	calendar	
B Household contains all students, but is qualified is/ attach third party verification for each student.			eked,
C Household contains all full-time students for fivupcoming calendar year (months need not be c party verification and questions 1-5, below mu	onsecutive). If this item is checked		ird
1. Is at least one student receiving assistance under Title	e IV of the Social Security Act?	☐ Yes	□ No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)		☐ Yes	□ No
3. Does at least one student participate in a program rece Training Partnership Act, Workforce Investment Act, State or local laws? (attach documentation of participate)	or under other similar, federal,	☐ Yes	□ No
4. Is at least one student a single parent with child(ren) a of another individual <i>and</i> the child(ren) is/are not depose a parent?	•	☐ Yes	□ No
5. Are the students married and entitled to file a joint tax	return?	☐ Yes	□ No
Households composed entirely of full-time student that are in conditions are considered eligible. If questions 1-5 are marke indicated, the household is considered an ineligible student h	ed NO, or verification does not suppor		
Under penalty of perjury, I certify that the information pr best of my knowledge. The undersigned further under constitutes an act of fraud. False, misleading or incomplet agreement.	rstand(s) that providing false repr	esentation	s herein
OWNER/MANAGER	DATE		
SIGNATURE OF APPLICANT / RESIDENT	DATE		
PRINT NAME OF APPLICANT / RESIDENT			